

NIH Intergovernmental Personnel Act Program Checklist – Appendix 5

1. Employee Name:

- ☐ **Federal Employee** ☐ **Non-Federal Employee > 90 days in a Career position**
- ☐ Career/career conditional
- ☐ Career SES
- ☐ Equivalent Excepted Service
- ☐ Presidential Management Intern

If no, **STOP** HERE. The individual is **not eligible** for the IPA program.

2. IC

3. Non-Federal Organization: (Name and Address)

☐ State or local government, ☐ accredited U.S. 4-year college or university, or technical/junior college, ☐ Indian tribal organization, ☐ federally funded R&D center, or ☐ a non-profit public organization

If no, **STOP** HERE. The organization is **not eligible** for the IPA program.

3.a. If the organization is a non-profit organization, is it certified? ☐ Yes ☐ No

If no, **STOP** HERE. Request organization's letter of certification **or** articles of incorporation, bylaws, and IRS non-profit statement and forward to OHR/DWM for review, Bldg. 31, Room B3C08.

If no, **STOP** HERE. The organization is **not eligible** for the IPA program.

4. Assignment Type: ☐ Detail ☐ Appointment

5. Is the assignment adequately described? ☐ Yes ☐ No
- a. Does it meet one or more program objectives? ☐ Yes ☐ No

6. Duty Station: NIH _____ Other _____ Duty station location:

7. Work Schedule: Full-time _____ Part-time _____ Intermittent _____

8. Dates of Appt./Ext. New _____ Ext 1 _____ Ext 2 _____

9. Total Amount of Service on IPA to date _____ Years _____ Months

a. Has the employee worked on an IPA assignment for 4 consecutive years?

Yes _____ No _____

If Yes, **STOP** HERE. They must return to their home organization for at least 12 months. You **may not proceed** with this assignment.

10. Will this proposed assignment exceed the 6-year limitation for the NIH employee?

Yes _____ No _____

If Yes, **STOP** HERE. You may **not proceed** with this assignment.

11. Are all appropriate signatures present? Yes _____ No _____

12. Was the agreement approved before the agreement began? Yes _____ No _____

13. What percentage of salary and compensation is NIH paying? _____ % of Salary _____ % of Compensation

14. Do the costs to NIH exceed the benefit NIH is receiving? If so, is a justification provided? Yes _____ No _____

15. If detailed from NIH, is salary the same as the assignee's regular pay? Yes _____ No _____

16. Are there any inappropriate benefit reimbursements (i.e., tuition)? Yes _____ No _____

(Reviewer's Name) (Date)